



## Charts of Selected Black vs. White Chronic Disease SHIP Metrics:

DC Metro Maryland Counties  
*(Montgomery and Prince George's)*

*Prepared by the*  
Office of Minority Health and Health Disparities  
Maryland Department of Health and Mental Hygiene

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## Introduction

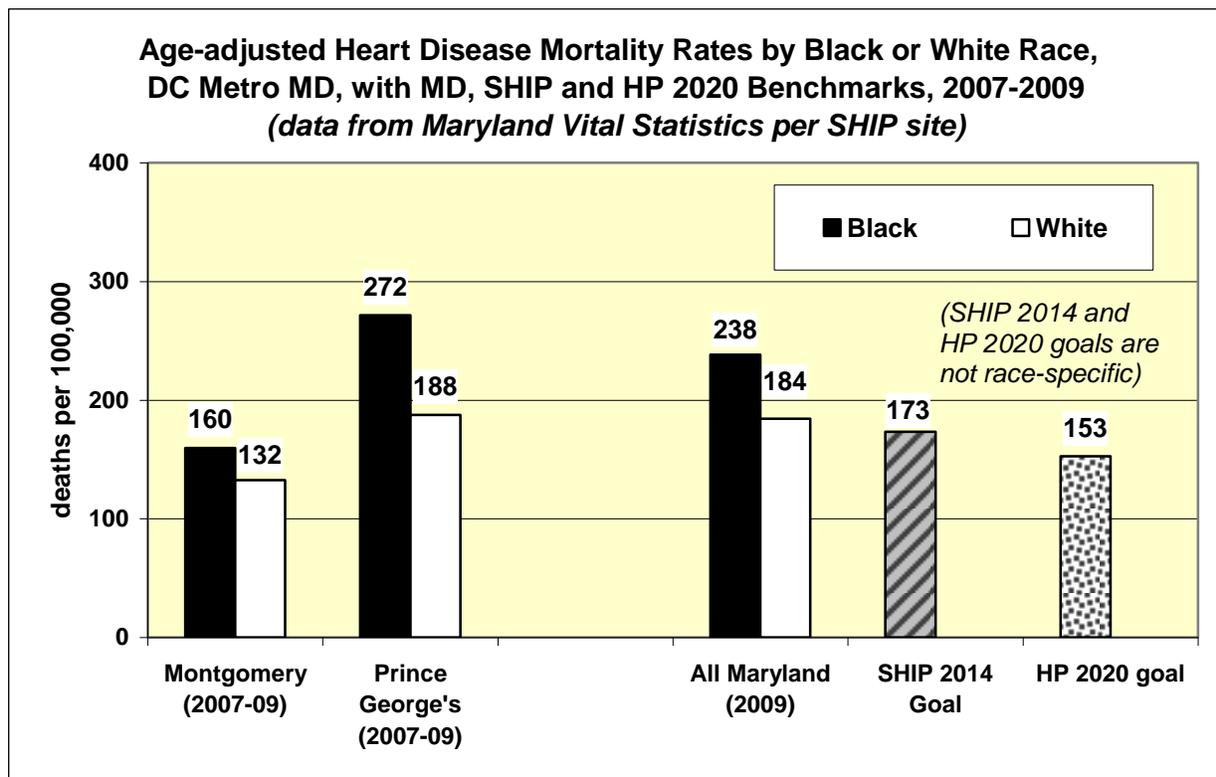
The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene is committed to assisting the SHIP local planning groups in identifying issues of poor minority health and minority health disparities in their jurisdictions, and incorporating effective minority health improvement strategies into their local health improvement plans.

As a first step in this assistance process, MHHD is providing this document - *Charts of Selected Black vs. White Chronic Disease SHIP Metrics* - which provides a graphical display of the Black and White baseline values for selected chronic disease SHIP metrics in the DC Metro Maryland counties. The included metrics are heart disease and cancer mortality rates, emergency department visits for diabetes, hypertension, and asthma, and the percent of adults at healthy weight or who are current smokers.

We have chosen to focus on these chronic disease metrics for two reasons. The first is that they represent leading causes of mortality (heart disease and cancer mortality, hypertension as a risk factor for stroke), leading causes of preventable utilization (diabetes, hypertension and asthma), or risk factors for a variety of chronic diseases (diabetes, hypertension, smoking and obesity). The second is that these metrics are consistent with the areas of emphasis of the Health Disparities Workgroup of the Maryland Health Quality and Cost Council. In their report, available at <http://www.dhmh.maryland.gov/mhqcc/Documents/Health-Disparities-Workgroup-Report-1-12-2012.pdf>, the Workgroup identified lung disease (especially asthma), cardiovascular disease, and diabetes as areas with exceptionally large disparities in preventable hospitalizations. Improving minority outcomes in these areas will both reduce disparities and result in cost savings.

It has been said that a picture is worth a thousand words. It is hoped that this graphical display of these local SHIP minority health metrics will help the local planning groups identify some of the important minority health issues in their jurisdictions.

## Heart Disease Mortality

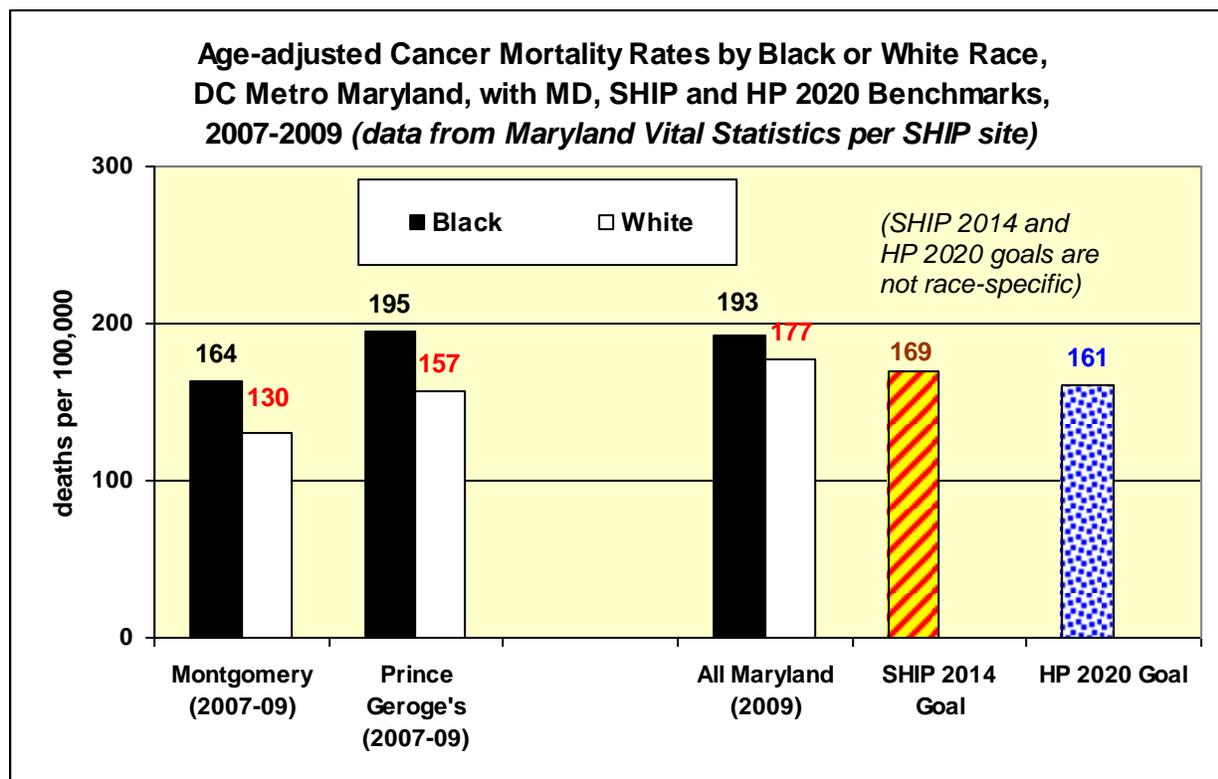


The chart above is a display of the heart disease mortality SHIP metric values (Objective 25) as published in the current SHIP County Health Profiles for the two DC Metro Maryland Counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

**Prince George's County:** The Black rate in the County is higher than the Statewide Black rate, and considerably higher than the Montgomery County Black rate. It is also higher than the County White rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The decline in Black heart disease mortality in the County has been slow since 2000, from a rate of 308 per 100,000 in 2000 to a rate of 303 in 2008 (CDC Wonder). The White rate has declined six times faster, resulting in an increase in the Black vs. White disparity in heart disease death rate in Prince George's County. The County White rate is similar to the Statewide White rate and above the SHIP 2014 and HP 2020 goals. It has declined from 284 in 2000 to 208 in 2008.

**Montgomery County:** The Black rate in the County is below the Statewide Black rate, below the SHIP 2014 goal, and only slightly above the HP 2020 goal. The Black rate is somewhat above the County White rate, the latter being better than the Statewide White rate, SHIP 2014 goal, and HP 2020 goal. Both races have seen similar improvements in heart disease mortality in recent years, so while both groups have improved, the disparity gap has remained constant.

## Cancer Mortality

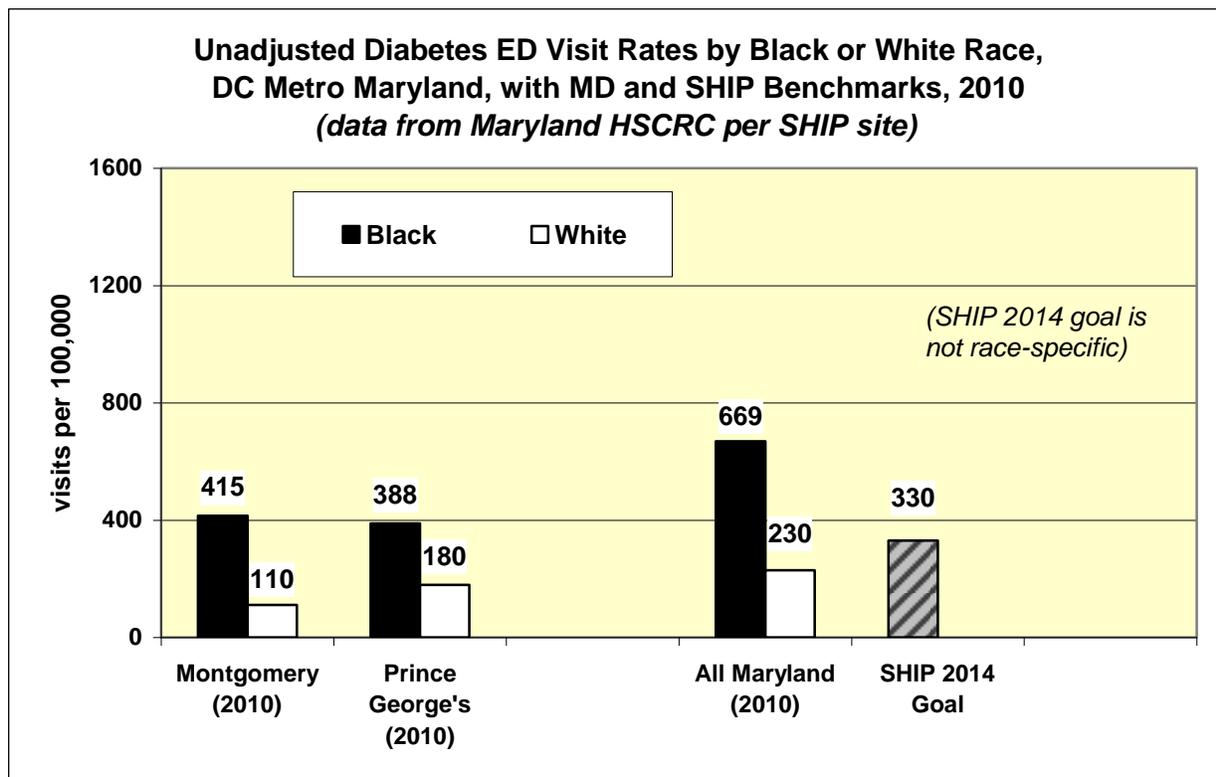


The chart above is a display of the cancer mortality SHIP metric values (Objective 26) as published in the current SHIP County Health Profiles for the two DC Metro Maryland Counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

**Prince George's County:** The Black rate in the County is similar to the Statewide Black rate, and higher than the Montgomery County Black rate. It is also higher than the County White rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The White rate in the County is lower than the Statewide White rate, the SHIP 2014 goal, and the HP2020 goal. The Black cancer mortality rate declined by about 2 deaths per 100,000 per year from 2000 to 2008. During this same time, the White cancer mortality rate declined by about 7 deaths per 100,000 per year. This resulted in an increase in the Black vs. White cancer mortality disparity in the County during those years.

**Montgomery County:** The Black rate in the County is below the Statewide Black rate, below the SHIP 2014 goal, and only slightly above the HP 2020 goal. The Black rate is above the County White rate, the latter being better than the Statewide White rate, SHIP 2014 goal, and HP 2020 goal. The Black cancer mortality rate declined by about 1/2 death per 100,000 per year from 2000 to 2008. During this same time, the White cancer mortality rate declined by about 3 deaths per 100,000 per year. This resulted in an increase in the Black vs. White cancer mortality disparity in the County during those years.

## Diabetes ED Visits



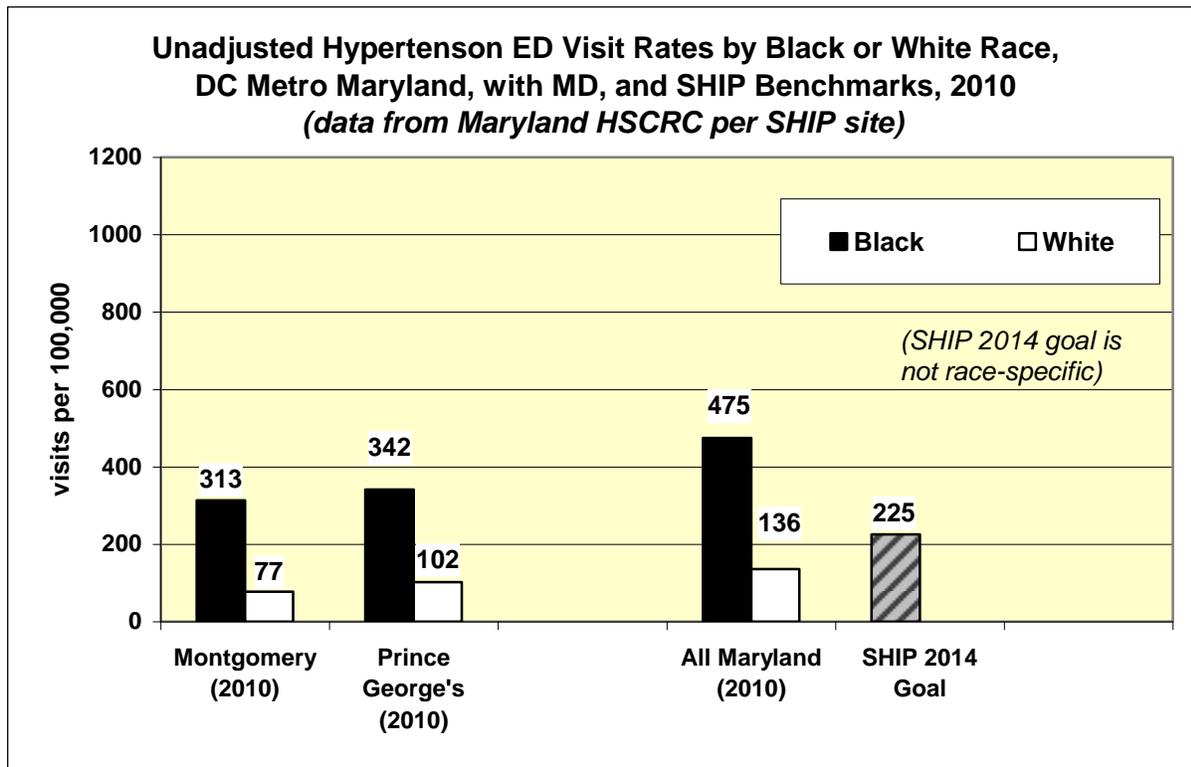
The chart above is a display of the Diabetes Emergency Department (ED) visit SHIP metric values (Objective 27) as published in the current SHIP County Health Profiles for the two DC Metro Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with race-specific Maryland Statewide rates and the SHIP 2014 goal.

There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). All county rates here may be underestimates due to the absence of emergency department visits of county residents at DC hospitals.

**Prince George's County:** The Black rate in the County is below the Statewide Black rate, and below the Montgomery County Black rate. It is also higher than the County White rate and higher than the SHIP 2014 goal. The White rate in the County is lower than the Statewide White rate and the SHIP 2014 goal.

**Montgomery County:** The Black rate in the County is below the Statewide Black rate, and above the Prince George's County Black rate. It is also higher than the County White rate and higher than the SHIP 2014 goal. The White rate in the County is lower than the Statewide White rate and the SHIP 2014 goal.

## Hypertension ED Visits



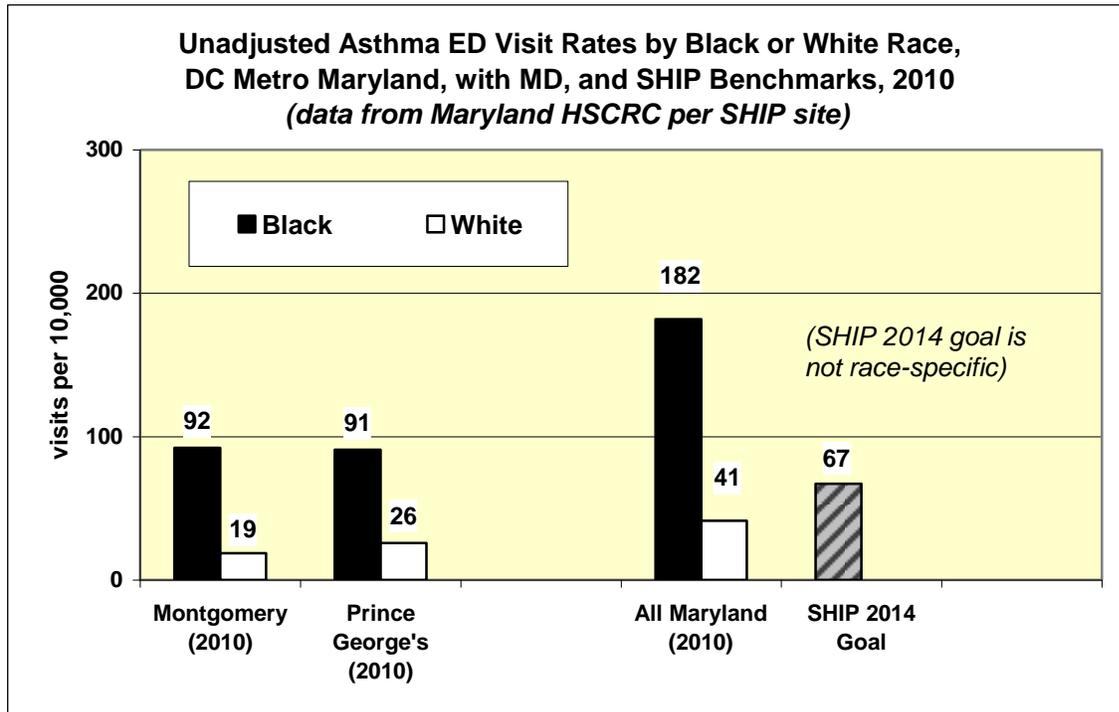
The chart above is a display of the Hypertension Emergency Department (ED) visit SHIP metric values (Objective 28) as published in the current SHIP County Health Profiles for the two DC Metro Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 goal for comparison

There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). All county rates here may be an underestimate due to the absence of emergency department visits of county residents at DC hospitals.

**Prince George's County:** The Black rate in the County is below the Statewide Black rate, and above the Montgomery County Black rate. It is also higher than the County White rate and higher than the SHIP 2014 goal. The White rate in the County is lower than the Statewide White rate and the SHIP 2014 goal.

**Montgomery County:** The Black rate in the County is below the Statewide Black rate, and below the Prince George's County Black rate. It is also higher than the County White rate and higher than the SHIP 2014 goal. The White rate in the County is lower than the Statewide White rate and the SHIP 2014 goal.

## Asthma ED Visits



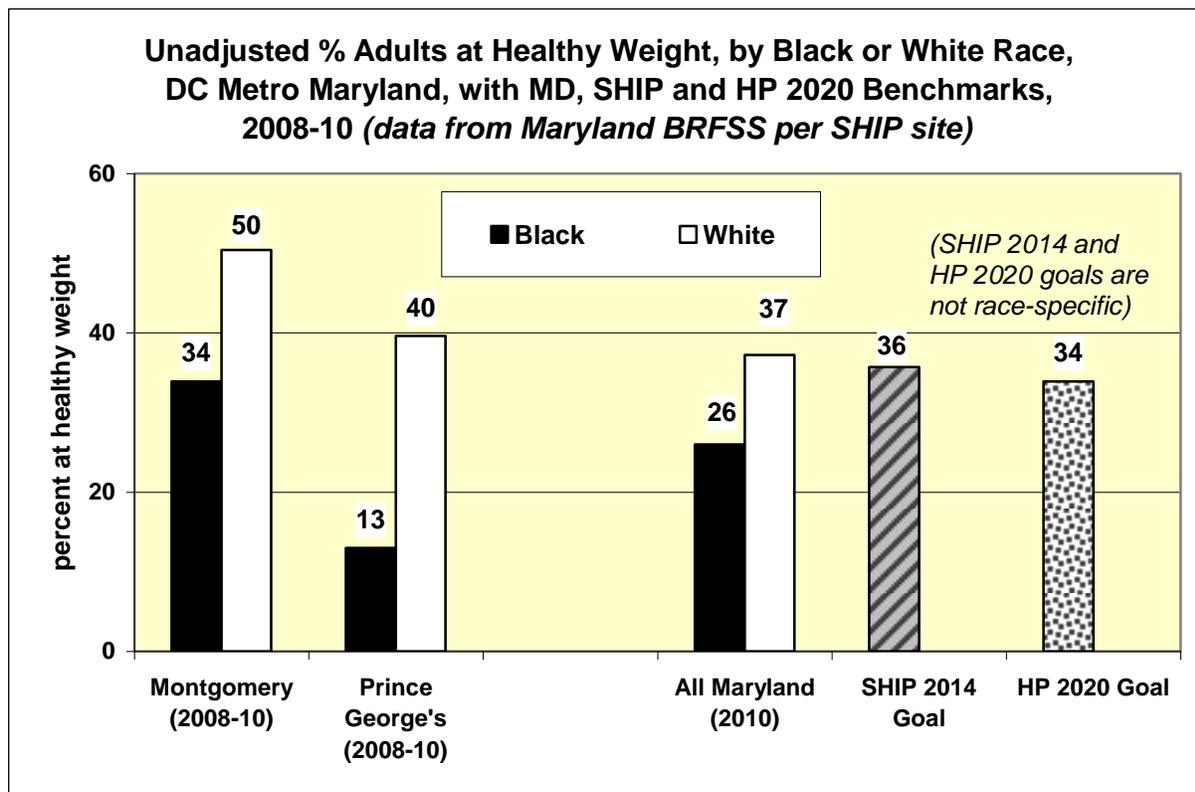
The chart above is a display of the Asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the two DC Metro Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and SHIP 2014 goal.

There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). All county rates here may be an underestimates due to the absence of emergency department visits of county residents at DC hospitals.

**Prince George's County:** The Black rate in the County is below the Statewide Black rate, and similar to the Montgomery County Black rate. It is also higher than the County White rate and higher than the SHIP 2014 goal. The White rate in the County is lower than the Statewide White rate and the SHIP 2014 goal.

**Montgomery County:** The Black rate in the County is below the Statewide Black rate, and similar to the Prince George's County Black rate. It is also higher than the County White rate and higher than the SHIP 2014 goal. The White rate in the County is lower than the Statewide White rate and the SHIP 2014 goal.

## Adults at Healthy Weight



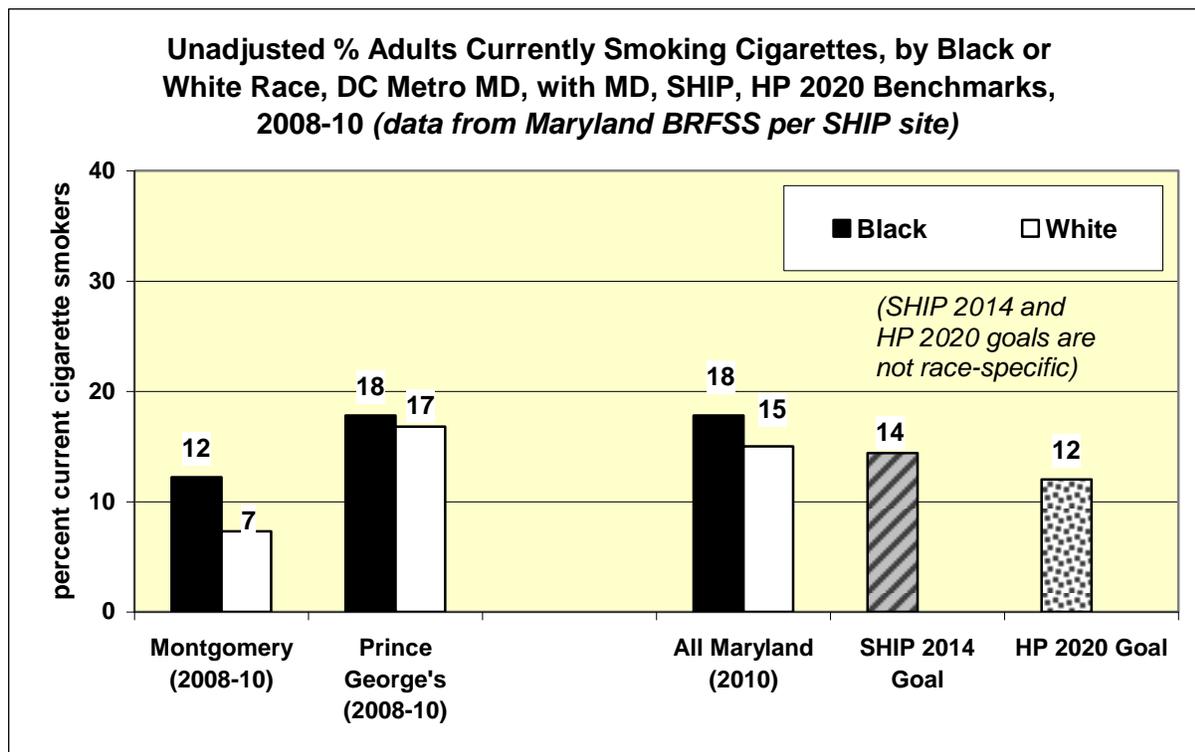
The chart above is a display of the adult at healthy weight SHIP metric values (Objective 30) as published in the current SHIP County Health Profiles for the two DC Metro Maryland Counties. Unadjusted percent at healthy weight is shown for Black or White race in each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Unlike the other charts in this document, for this metric higher is better.

**Prince George's County:** The Black rate in the County is below the Statewide Black rate, and below the Montgomery County Black rate. It is also lower than the County White rate, the SHIP 2014 goal and the HP 2020 goal. The White rate in the County is above the Statewide White rate, the SHIP 2014 goal and the HP 2020 goal.

**Montgomery County:** The Black rate in the County is above the Statewide Black rate, and above to the Prince George's County Black rate. It is below the County White rate and similar to the SHIP 2014 goal and the HP 2020 goal. The White rate in the County is higher than the Statewide White rate, the SHIP 2014 goal and the HP 2020 goal.

## Adult Cigarette Smoking



The chart above is a display of the current adult smoking at healthy weight SHIP metric values (Objective 32) as published in the current SHIP County Health Profiles for the two DC Metro Maryland Counties. Unadjusted percent current smokers is shown for Black or White race for each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

**Prince George's County:** The Black rate in the County is similar to the Statewide Black rate and the County White rate. It is above the Montgomery County Black rate, the SHIP 2014 goal, and the HP 2020 goal. The White rate in the County is similar to the Statewide White rate, and above the SHIP 2014 goal and the HP 2020 goal.

**Montgomery County:** The Black rate in the County is below the Statewide Black rate and the Prince George's County Black rate. It is above the County White rate, below the SHIP 2014 goal and similar to the HP 2020 goal. The White rate in the County is well below the Statewide White rate, the SHIP 2014 goal and the HP 2020 goal.

## Conclusions

The charts presented here suggest that some of the largest disparities between Blacks and Whites are seen for emergency department (ED) visit rates for diabetes, asthma and hypertension. In both counties, the Black rates are typically 3- or 4-fold higher than the corresponding White rates. There is a potential for underestimation of both the Black and White emergency department visit rates in the DC Metro region of Maryland due to the absence of visits to DC emergency departments in the HSCRC data base.

The adults at healthy weight metric is lower (worse) for Blacks in Prince George's, in Montgomery, and in Maryland as a whole. Montgomery is doing better than the State for both races, and Prince George's is mixed vs. the State: worse for Blacks and better for Whites.

For adult smoking, Montgomery is better than the State for both races, with Blacks faring worse than Whites. Prince George's is similar to the State for both races, with no difference between the two races.

For heart disease mortality, Montgomery is better than the State for both races, with Blacks faring somewhat worse than Whites. Prince George's has a White rate similar to the Statewide White rate, but a Black rate higher than both the County White rate and the Statewide Black rate.

For cancer mortality, Montgomery is better than the State for both races, with Blacks faring somewhat worse than Whites. Prince George's has a Black rate similar to the Statewide Black rate and a White rate lower than the Statewide White rate. The Black rate in Prince George's is higher than the County White rate.

The very large disparities in ED visit rates seen Statewide are one reason why the Health Disparities Workgroup of the Maryland Health Quality and Cost Council focused on disparities in ED visits and hospital admissions. These are also areas where successful interventions can show benefits in a relatively short time. Interventions that reduce rates of un-insurance, improve provider availability, and provide support for chronic disease self-care at home hold promise to reduce this preventable utilization. These programs need to be adapted to the unique cultural, linguistic, and health literacy needs of minority populations, and delivered to those communities in a targeted way.

There are five general strategies that can be applied to almost any intervention to improve its impact on minority populations:

1. Racial and ethnic data collection, analysis, and reporting;
2. Inclusion of minority persons in planning, and outreach to minority communities in the delivery of programs and services;
3. Cultural, linguistic, and health literacy competency of program staff and materials;
4. Racial and ethnic diversity of the program workforce; and
5. Attention to the social determinants of health.